

Nonmedical Pain Reliever Use: Data from the National Survey on Drug Use and Health

The National Survey on Drug Use and Health (NSDUH) is an annual survey of the civilian, noninstitutionalized population of the United States aged 12 years old or older. Prior to 2002, the survey was called the National Household Survey on Drug Abuse (NHSDA). NSDUH is the primary source of statistical information on the use of illegal drugs by the U.S. population. Conducted by the Federal Government since 1971, the survey collects data by administering questionnaires to a representative sample of the population through face-to-face interviews at their place of residence. The survey is sponsored by SAMHSA and is planned and managed by SAMHSA's Office of Applied Studies (OAS). Data collection is conducted by RTI International of Research Triangle Park, North Carolina.¹

General Description of NSDUH

NSDUH collects information from residents of households, noninstitutional group quarters (e.g., shelters, rooming houses, dormitories), and civilians living on military bases. Persons excluded from the survey include homeless persons who do not use shelters, military personnel on active duty, and residents of institutional group quarters, such as jails and hospitals.

Since 1999, the NSDUH interview has been carried out using computer-assisted interviewing (CAI). The survey uses a combination of computer-assisted personal interviewing (CAPI) conducted by the interviewer and audio computer-assisted self-interviewing (ACASI). Use of ACASI is designed to provide the respondent with a highly private and confidential means of responding to questions and to increase the level of honest reporting of illicit drug use and other sensitive behaviors.

Consistent with the 1999 through 2001 NHSDAs, the 2002 NSDUH sample employed a 50-State design with an independent, multistage area probability sample for each of the 50 States and the District of Columbia. The eight States with the largest population (which together account for 48 percent of the total U.S. population aged 12 or older) were designated as large sample States (California, Florida, Illinois, Michigan, New York, Ohio, Pennsylvania, and Texas). For these States, the design provided a sample large enough to support direct State estimates. For the remaining 42 States and the District of Columbia, smaller, but adequate, samples were selected to support State estimates using SAE techniques. The design also oversampled youths and young adults, so that each State's sample was approximately equally distributed among three major age groups: 12 to 17 years, 18 to 25 years, and 26 years or older.

Nationally, 136,349 addresses were screened for the 2002 survey, and 68,126 final interviews were obtained. The survey was conducted from January through

¹ RTI International is a trade name of Research Triangle Institute.

December 2002. Weighted response rates for household screening and for interviewing were 90.7 and 78.9 percent, respectively.

Although the design of the 2002 NSDUH is similar to the design of the 1999 through 2001 surveys, there are important methodological differences in the 2002 survey that affect the 2002 estimates. Besides the name change, each NSDUH respondent is now given an incentive payment of \$30. These changes, both implemented in 2002, resulted in a substantial improvement in the survey response rate. The changes also affected respondents' reporting of many critical items that are the basis of prevalence measures reported by the survey each year. Further, the 2002 data could have been affected by improved data collection quality control procedures that were introduced in the survey beginning in 2001. In addition, new population data from the 2000 decennial census recently became available for use in NSDUH sample weighting procedures, resulting in another discontinuity between the 2001 and 2002 estimates. Analyses of the effects of each of these factors on NSDUH estimates have shown that 2002 data should not be compared with 2001 and earlier NHSDA data to assess changes over time.

Using only the 2002 data, however, limited trend assessment can be done using information collected in NSDUH on prior substance use. Specifically, questions on age at first use of substances, in conjunction with respondents' ages and interview dates, provide data that can be used to estimate the rates of first-time use (incidence), as well as the rates of lifetime prevalence (the percentage of the population that has ever used each substance) for years prior to 2002.

It is also possible to examine recent trends in the incidence and prevalence of substance use with data from the 1999, 2000, and 2001 surveys.

NSDUH Questions on Pain Relievers

NSDUH includes questions on four categories of prescription-type drugs. All questions are administered in the ACASI portion of the interview. These include pain relievers, tranquilizers, stimulants, and sedatives. Questions for these drugs are preceded by the introduction "Now we have some questions about drugs that people are supposed to take only if they have a prescription from a doctor. We are only interested in your use of a drug if the drug was not prescribed for you, or if you took the drug only for the experience or feeling it caused." After giving this definition to the respondent, the pain reliever questions are introduced with "The questions in this section are about the use of pain relievers. We are not interested in your use of *over-the-counter* pain relievers such as aspirin, Tylenol[®], or Advil[®] that can be bought in drug stores or grocery stores without a doctor's prescription. Card A shows pictures of some different types of pain relievers and lists the names of some others. These pictures show only pills, but we are interested in your use of any form of prescription pain relievers that were not prescribed for you or that you took only for the experience or feeling they caused." A card is given to the respondent, showing pictures of the following pain relievers: (1) Darvocet[®], Darvon[®], or Tylenol[®] with Codeine; (2) Percocet[®], Percodan[®], or Tylox[®]; (3) Vicodin[®], Lortab[®], or Lorcet[®]/Lorcet Plus[®]; (4) Codeine; (5) Demerol[®]; (6) Dilaudid[®]; (7) Fioricet[®]; (8) Fiorinal[®]; (9) Hydrocodone; (10) Methadone; (11) Morphine; (12) Oxycontin[®]; (13)

Phenaphen[®] with Codeine; (14) Propoxyphene; (15) SK-65[®]; (16) Stadol[®] (no picture); (17) Talacen[®]; (18) Talwin[®]; (19) Talwin NX[®]; (20) Tramadol (no picture); and (21) Ultram[®]. These drug names also appear on the computer screen, and respondents enter a yes or no response for each drug to indicate if they have ever used the drug nonmedically. If a respondent answers "yes" to at least one of these specific drugs, then a series of more detailed questions about patterns of use of pain relievers is asked. The survey also includes questions that determine whether users are dependent or abusing pain relievers, based on DSM-IV criteria, and whether they received treatment for problems associated with pain reliever use. No information other than lifetime use is obtained for the specific drugs shown on the card.

NSDUH Estimates of Nonmedical Pain Reliever Use

Data from the 2002 NSDUH are scheduled to be released in early September, 2003. Available data from the 2001 survey show that an estimated 3.5 million persons currently used pain relievers nonmedically. This was significantly more than in 2000, when the estimate was 2.8 million. Current use is defined as use at least one time in the past month.

In 2001, an estimated 8.4 million persons used pain relievers nonmedically within the past 12 months. Approximately 1 million of these users were classified with dependence or abuse of pain relievers.

In 2001, there were 22.1 million persons who had used pain relievers nonmedically at some time in their lifetime. An estimated 14.9 million had used Darvocet, Darvon, or Tylenol with Codeine.

In 2001, an estimated 2.8 million persons reported having ever used hydrocodone nonmedically in their lifetime. This was significantly more than in 1999 (1.6 million) and 2000 (1.8 million).

In 2001, approximately 957,000 persons aged 12 or older had used Oxycontin nonmedically in their lifetime. This number is higher than estimates from both 1999 (221,000) and 2000 (399,000).

The estimated number of persons with lifetime nonmedical use of Dilaudid did not changed significantly from 1999 (680,000) to 2001 (837,000).

Nonmedical pain reliever incidence (i.e., first time use) has been increasing since the mid-1980s when there were approximately 400,000 initiates annually. The number of initiates reached 2.0 million in 2000, significantly more than in 1999 (1.7 million) and 1998 (1.5 million). During the period 1998 through 2000, there were significantly more new users among 12 to 17 year olds than among 18 to 25 year olds.

